



PATENT

ATTORNEY DOCKET NO.: NCO-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Charles O. Nichol)	Examiner: Karls, Shay Lynn
S/N: 10/689,145)	Art Unit: 1744
Filed: 10/20/2003)	Conf. No.: 2783
Title: Portable Vacuum Cleaner and Method)	

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P O Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated September 27, 2006, Applicant responds as follows.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/689,145
	Filing Date	Oct 20, 2003
	First Named Inventor	Charles O. Nichol
	Art Unit	1744
	Examiner Name	Karis, Shay Lynn
Total Number of Pages in This Submission	Attorney Docket Number	NCO-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	J. Bennett Mullinax, LLC	
Signature		
Printed name	J. Bennett Mullinax	
Date	October 27, 2006	Reg. No. 36221

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Peggy S. Baker	Date October 27, 2006

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